

Joseph Moser Pension Documents 1890-1894

THE NATIONAL ARCHIVES	
CERT. NO.	<u>628979</u>
PENSIONER:	<u>Lydia A. Moser</u>
	<u>widow</u> OF
VETERAN:	<u>Joseph Moser</u>
CAN NO:	<u>52283</u>
	BUNDLE NO: <u>8</u>

366669

ORIGINAL
DISABILITY CLAIM
FOR
PENSION

Under Act of Congress, June 27th, 1890.

Joe Moran, Applicant.
Co. *H* *11th* Reg't
Pa. Vols.
Dated *Oct. 15* 18 *61*
Discharged *July 4* 18 *65*

*This claim received
direct from the
claimant*

*Receipt
W. J. Wray*

FILED BY
WM. J. WRAY,
122 South Seventh Street,
PHILADELPHIA, PA.

*N.R. no claim
4/21/90. Lee*



(A.)
Declaration for an Original Disability Pension

Under Act of Congress approved June 27th, 1890.

This must be Executed before a Court of Record or Some Officer thereof having Custody of the Seal.

State of Penn. County of Schuylkill, ss:

On this 26th day of July A. D. one thousand eight hundred and ninety

personally appeared before me a Justice of the Peace

of the _____ a COURT OF RECORD within and for the County and State afore-

said Joseph Morser aged 59 years, who, being

duly sworn according to law, declares that he is the identical Joseph Morser

who was ENROLLED as a Private on the 10th

day of Oct. 1861, in Company H. of the 11 Regiment of

Pa. commanded by Richard B. Coledar

and was honorably DISCHARGED at Harrisburg on the 4th

day of July, 1865; that his personal description is as follows: age 59

years; height _____ feet 7 $\frac{3}{4}$ inches; complexion Light; hair Light;

eyes gray. That he is suffering from the following disability _____ of a permanent

character, viz:

Kidney Disease - Injury of Body

Shortness of Breath - Head Disease

That the disability is _____ not the result of any vicious habits of the claimant, and

incapacitate _____ him from the performance of manual labor in such a degree as to render him

unable to earn a support.

That he is not receiving an invalid pension of \$ none per month under certificate

No. _____ for _____

and that he hereby renounces said pension to date from the allowance of a higher rate if granted under

this application. That he has not been employed in the military or naval service otherwise

than stated above _____

That he has not been in the military or naval service of the United States since the 4th

day of July 1865, and that his occupation

has been that of a Teamster. That he is now partially

disabled from obtaining his subsistence by manual labor by reason of the disability _____

above described, and he therefore makes this declaration for the purpose of obtaining a disability invalid

pension under the Act of Congress of June 27th, 1890. He hereby appoints, with full power of substitution

and revocation William J. Wray, 122 S. 7th St., of Philad'a, Pa., his true and lawful attorney to prosecute

his claim. That he has not heretofore applied for a pension, but his claim has not been

allowed, the No. of the claim being No. _____; that his residence is _____

Coal Dale Schuylkill Co. and that his postoffice address is _____

Coal Dale Schuylkill Co. Pa.

Samuel Zimmerman Joseph Morser

James Cassel

(Two witnesses who can write, sign here.) (Signature of Claimant.)

Aug-20-90

Also, personally appeared Samuel Fleming residing at Coaldale Pa
James O'Neil and James O'Neil residing at
Coaldale Pa persons whom I certify to be respectable and entitled to credit, and
who, being by me duly sworn, say that they were present and saw Joseph Moser
the claimant sign his name (make his mark) to the foregoing declaration; that they
have known the claimant for 30 years and 30 years, respectively, and
have every reason to believe from the appearance of said claimant and their acquaintance with him,
that he is the identical person he represents himself to be; and that they have no interest in the
prosecution of this claim.

(If Affiants sign by mark, two persons who can write sign here.)

Samuel Fleming
James O'Neil
(Signature of Affiants.)

Sworn to and subscribed before me this 26th day of July A. D. 1890,
and I hereby certify that the contents of the above declaration, were fully made known and explained to
the applicant and witnesses before swearing, including the words _____
_____ erased, and the words _____ added; and
that I have no interest, direct or indirect, in the prosecution of this claim.

[L. s.]

W. E. Hughes
Clerk of the Justice of the Peace

Schuylkill County, ss.



I, DANIEL DUFFY, Clerk of the Court of Quarter Sessions
of the Peace, in and for the said County, do certify that

D. E. Hughes is a Justice
of the Peace duly commissioned and qual-
ified according to law and his signature
to the above is genuine

Witness my hand and the seal of said Court, this 8th day of August
A. D., 18 90
Daniel Duffy CLERK SESS.

MAY 23

318556

1891

Write nothing above this line.

(3-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

Joseph Moser

Mid. Div. Div.

W. de S. T. Ex'r.

Bureau of Pensions,

No. 914565

May 21, 1891

SIR:

It is alleged that the above-named man enlisted Oct. 15, 1861, and served as a Pvt. in Co. H, 11 Reg't Pa. Inf., also as a in Co. in Reg't and was discharged at Harrisburg, on July 4, 1865.

No. of prior claim

The War Department will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully,

John B. Raum Commissioner

THE OFFICER IN CHARGE OF THE RECORD AND PENSION DIVISION, WAR DEPARTMENT.

0-4

War Department,

Record and Pension Division,

MAY 23 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that

Joseph Moser

mentioned in the preceding indorsement, was enrolled

Oct. 15, 1861 and M. O.

July 4, 1865



BY AUTHORITY OF THE SECRETARY OF WAR:

Francis Smith

Surgeon and Asst Surgeon, U. S. Army.

Per

May 21

3954 b-100 m

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.
The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 914,565
[Stat above whether for original, increase, or restoration.]
Name and rank of claimant. Joseph Hoesser, Rank, Pol.
Company # 11 Reg't Pa Inf, Pittsboro Pa State,
Claimant's post-office address. Coal Dale Pa [Post-office address of the Board.]
July 15th 1891 [Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz injury to body Shortness of breath - Kidney and Heart disease -
and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Oct 27 1890
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.
was hurt by a beam falling on me 17 years ago -
Shortness of breath (Stomach) same time -
Kidney & Heart disease same time -

Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 20; temperature, 96.4; height, 5 feet 7 3/4 inches; weight, 162 pounds; age, 60 years. Chest measure 34 1/2 37; Ab 33.
Here give a full description of the disability, in accordance with paras. 5, 6, 51, 52, &c. of Book of Instructions for 1889.
Respiration clear and distinct over both lungs -
Cardiac Action - rapid - irregular and of unequal impulse -
Some regular - Dyspnea -
Extrinsically (hypertrophy). Sup of all teeth in
superior maxillary.
No deposits, no catarrhs and no retention
of mucus, large points normal.
Has had a partial right Clavicle - Union
perfect - some motion as in motion normal.
Alleged pain in right Hypochondrium region
is Remittent - no hepatic tenderness - no
icterus - no dorsal pain, no lumbar
pain - urine normal - Acid - Amber color
no deposits, no sugar, no albumen.
Sp. Grav 1.018 -
No evidence of disease of Kidney.
General physical condition is good
No other disability is found to exist.

Rate for EACH cause of disability. He is, in our opinion, entitled to a No rating for the disability caused by Injury to Body No rate for that caused by Shortness of breath and No rate for that caused by Disease of Kidney - 1/4 for Carvic disease
D. H. Bland, Pres. W. E. Davis M.D., Sec'y. Chas. J. Palmer M.D., Treas.



SURGEON'S CERTIFICATE

IN CARE OF

Joseph Kaiser
Cot. H. 11th Reg't Pa. Inf.
Rec'd June 27-1890
Applicant for Original

No. *914.565*

DATE OF EXAMINATION:

July 15, 1891

W. M. Bland M.D., Pres.,
W. D. Reid M.D., Sec'y., BOARD.
Chas. J. Palmer M.D., Ex. Treas.

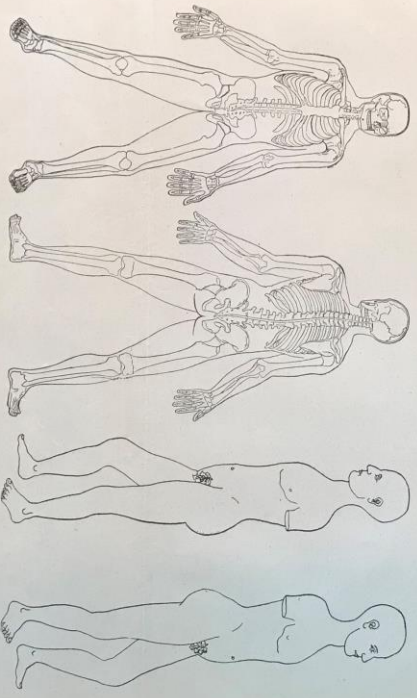
Post office, *Pottsville*

County, *Schuylkill*

State, *Pa.*

P. S.—Write your Post-office address plainly and in full.

Just



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will sign at the foot of the certificate, and set on the back of the same.

Positive figures. That all examinations shall be thorough and searching, and the certificate contain a full description of the signs and symptoms of the disease, and include all the physical and rational signs, and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

AFFIDAVIT.

State of Pa County of Schuylkill ss

In the matter of Orig Inj. Pen. Claim Sp. 9141 563 - Act June 27/90
of Jos. Mosser - late Co. H 11th Pa Vols

ON THIS 8th day of Aug A. D. 1891: personally appeared before me a

Justice of the Peace in and for the aforesaid County, duly authorized, to administer oaths,

Joseph Mosser, aged 60 years, a resident of Coal Dale
in the County of Schuylkill State of Pa

whose post office address is Coal Dale Schuylkill Co. Pa

who being duly sworn according to law, deposes and says in relation to aforesaid case as follows:

My injury of back was incurred about
[Not Affiant should state how he gains knowledge of the facts to which he testifies.]
1876 - while working on a dirt bank
at Coal Dale Pa by being struck with
a large lever which broke my collar
bone and caused the of my back -
Said injury was not the result of
any vicious habits.

is the claimant
and affiant further declares that he has no interest in said case and is not concerned in its prosecution.

Joseph Mosser
[Signature of Affiant.]

[If Affiant signs by mark, two persons who can write sign here.]

State of *Pennsylvania* County of *Schuylkill*

Sworn and subscribed to before me this day by the within-named affiant, and I certify that I read said affidavit to him and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution.

W. E. Hughes
[Signature]
Justice of the Peace
[Official Character.]

[L. S.]

I certify that _____ Esq., who hath signed his name to the foregoing affidavit was at the time of so doing _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office this _____ day of _____ 189

[L. S.]

Clerk of the _____

NOTE.—This should be sworn to before a CLERK of COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon and not on a separate slip of paper.

*Bring in Gen
No. 914565 - Act June 27/90*

ADDITIONAL EVIDENCE.

CLAIM OF

*Joe Grosser
11 7th Pa Job*

AFFIDAVIT OF

*Claimant reply
No call no 2*

Filed by

*William Loral
B. S. H. Let
Shilka*

~~Schuykill~~ [3-216] ~~Argent~~
~~Argent~~
May 185- No. 914,565
Act of June 27, 1890.

Joseph Mosser,
P. O. Coal Dale,
Schuylkill Co. Pa.
Service: Pri. H. 11 Pa. Inf.

Enlisted: Oct. 15, 1861

Discharged: July 4, 1865

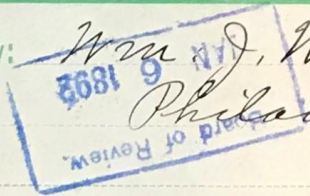
Application filed: Aug. 20, 1890

Alleges:

Any other Claim filed: no

Numerical No. 366669,

Attorney: Wm J. Wray,
P. O. Philadelphia,
Pa.



Recognized.

Contract.

Cert. of Dis. Searched for

18

G. A. S.

ACT OF JUNE 27, 1890.

INVALID PENSION.

Claimant, Joseph Moser
 P. O., Coal Dale Rank, Priv.
 County, Schuylkill Company, 11
 State, Pa. Regiment, 11. Pa. Vol. Inf.
 Rate, \$..... per month, commencing Aug 20. 1890

REJECTED.

Disabled by

RECOGNIZED ATTORNEY.

Name, Wm J. Wray Fee, \$ 10. Agent to pay.
 P. O., 127 1/2 So. 7. St. Philadelphia Pa Articles filed,, 189...

APPROVALS.

Submitted for Admission Jan 5. 1892 John J. Ryan Examiner.

Approved for Refuse for action
on Bmp Pass

Approved for Discharge of Priv.
No other notable disability shown
Rejection no notable disability in
change under the Act of June 27, 1890.

Wm Clark
 Legal Reviewer.
Jan 13 1892

J. O. Ingram
 Medical Referee.
Feb. 2 1892

Not now pensioned under other laws. Last paid to, 18..., at \$.....
 Pensioned from, 18..., at \$....., for

SERVICE SHOWN BY RECORD.

Enlisted Oct 15., 1861, and honorably discharged July 1, 1865

Re-enlisted, 18..., honorably discharged, 18...

Declaration filed Aug 20., 1890., alleges permanent disability, not due to vicious habits,
 from Kidney disease shortness of breath, rigidity of body
Heart disease.

Clerk writes

No M. O.

Act of June 27, 1890.

Declaration for Invalid Pension.

State of Pennsylvania County of Carbon SS:

ON THIS 18 day of April A. D. one thousand eight hundred and ninety four
before me, a Justice of the Peace in and for the County

and State aforesaid, personally appeared Joseph Moser
aged 63 years, a resident of Coaldale, county of Schuylkill

State of Pennsylvania, who being duly sworn according to law, declares that he is the
identical Joseph Moser who was enrolled on the 18

day of October, 1861, as Private in Co. H Reg't 11th Pa Vols.,
re-enlisted on July 1864.
Here state rank, company and regiment, if in the military service, or vessel, if in the Navy.

in the service of the United States during the war of the rebellion, and served at least ninety days, and was
engaged at or near Harrisburg
Pennsylvania on the 3rd day of July, 1865



totally unable to earn a support by reason of Rheumatism in
Here state the name and nature of every disease,
Stain in Back & Shortness of Breath
and injury that causes the disability, no matter whether incurred in the service or not.

That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent.

That he has not been employed in the U. S. military or naval service otherwise than as stated above

(If in other service, here state in what organization, and when it began and ended.)
That he has not been in the military or naval service of the United States since the 3 day of July 1865.

That he has not received but applied for a pension
If now pensioned, state your rate, number of certificate, and disability

mentioned in it. If you have applied, but not received pension, state when and for what disability, and give number of claim.

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890.

He hereby appoints **J. W. MORRIS**, of Washington, D. C., his true and lawful attorney to prosecute his claim. That his post-office address is Coaldale

county of Schuylkill, State of Pennsylvania

Joseph Steyerwald

Joseph Moser
(Signature of Claimant.)

A. Werner
Two witnesses who can write must sign here.

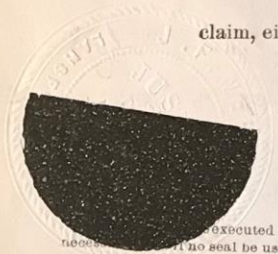
Apr-26-94

Also personally appeared Daniel Eveland, residing
 at Lansford Pa and E. K. Shoemaker
 residing at Lansford Pa, persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present
 and saw Joseph Moser, the claimant, sign his name (or make his mark) to
 the foregoing declaration; that they have every reason to believe from the appearance of said claimant and
 their acquaintance with him for 30 years and 25 years respectively, that he is the
 identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Joseph Steigewelt
 a Werner Daniel Eveland
E. K. Shoemaker
If either witness sign by mark, two persons who can write sign here. [Signature of two witnesses.]

Sworn to and subscribed before me this 18 day of April A. D. 18 94

I hereby certify that the contents of the foregoing declaration, &c., were fully made known and
 explained to the applicant and witnesses before swearing, including the words or make
his mark erased, and the words _____
 _____ added, and that I have no interest, in said
 claim, either direct or indirect.



J. F. Werner
(Signature.)
Justice of the Peace
(Official Character.)

Executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be
 necessary. If no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Original No. 914 5608
 Certificate No. _____
 Dup.

INVALID
APPLICATION FOR PENSION.
 ACT OF JUNE 27, 1890.

Joseph Moser
 Co. 11 Reg't. _____ Vols. _____
 Address Pa. Ky



FILED BY
W. MORRIS,
(Late Principal Examiner U. S. Pension Office)
 Attorney at Law,
 WASHINGTON, D. C.

Stacy [3-216 a.]
Ex'r.
I. Orig. No. 914565
Act of June 27, 1890.
2145

Joseph Moser
P. O. Lealdale
Schuylkill Co. Pa.
Service: A. H. Pa Inf.
Enlisted: Oct 18, 1861.
Discharged: July 3, 1865.
Application filed: Apr 26, 1894.
Alleges:
Any other Claim filed: No. 914565 - J.
Numerical No.

Attorney: J. N. Morris
P. O. Leitz

Recognized. Contract.
Cert. of Dis. Searched for, 189 .
L

ATTY FILED

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 914 566
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Joseph Moser, Rank, Prvt

Company St. 11 Reg't Pa Vol | March 20th Pa State,
[Post-office address of the Board.]

Claimant's post-office address. Coal Dale Pa | June 20, 1894
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Rheumatism, sprain in back, and shortness of breath.

If a pensioner, fill in the amount; if not, cross the whole line. and that he receives a pension of _____ dollars per month. He makes the following statement upon which he bases his claim for Original
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. Rheumatism, Sprained back and shortness of breath

Upon examination we find the following objective conditions: Pulse rate, 100-108; respiration, 28; temperature, 98.5; height, 5 feet 7 3/4 inches; weight, 165 pounds; age, 63 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Scapulae in the left shoulder joint, none in the right; no loss of motion, no atrophy or contraction of muscles or tendons.

Scapulae in the left knee joint, marked, none in the right. Measurement of left knee 14 1/2 inches, right, 10 inches. Measurement of left leg, around the calf, 13 1/2 inches, right, 14 1/2 inches. No loss of motion, no contraction of muscles or tendons, but some atrophy of muscles of left leg.

Chest barrel shaped, marked elevation of chest during inspiration, breathing very rough. Measurement of chest, at rest 40 inches, forced inspiration 40 1/2 inches, Expiration 39 inches.

Heart sounds quiet and feeble.

No teeth in the upper jaw, tongue coated, uvula elongated and inflamed, and severe pharyngitis.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

no other disabilities found
no evidence of vicious habits

L. W. Meyer, M.D., Pres. W. L. Katz, M.D., Sec'y. R. J. Emery, M.D., Treas.

Single surgeons will use this blank, changing "we" to "read" "I," and "our" to "my." They will erase the words "Pre-," "Sec'y," "Trans," and "Board" where the words appear and sign at the foot of the certificate, and also on the back of the same.

FORWARD PARTIAL. That all examinations shall be thorough and searching; and the certificates shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1862.]

RECEIVED
U.S. DEPARTMENT OF THE INTERIOR
OFFICE
1894

RECEIVED
U.S. DEPARTMENT OF THE INTERIOR
OFFICE
1894

SURGEON'S CERTIFICATE

IN CASE OF

Joseph Moser
Co. H, 11 Reg't Pa Inf

Applicant for Original
No. 914,665

DATE OF EXAMINATION:
June 20th, 1894

L. W. Meyer, M.D., Pres.,
W. H. W. M.D., Sec'y, BOARD.
B. L. G. M.D., Treas.,

Post office, March Channel
County, Boston
State, Penna.

P. S.—Write your Post-office address plainly and in full.

Postpaid

3-556.

MEDICAL DIVISION
Department of the Interior,
BUREAU OF PENSIONS,
Washington, D. C. July 16, 1894

No. Claim, 914,665
Claimant, Joseph Moser

This certificate is respectfully returned to
Board of Surgeons March Channel Pa
Doctors:

Please locate area of cardiac dullness and impulse of apex. Is there dyspnoea, oedema, or cyanosis? Are the murmurs? If so, where are they best heard? Are they systolic or diastolic in time? See par. 94 Instructions of 1873. Give result of auscultation, palpation and percussion of lungs. See par. 92 & 93.

THOS. FEATHERSTONHAUGH,
Medical Referee.
1893 1-30

R.R.D.
Division
W. H. W.
Department of the Interior,
BUREAU OF PENSIONS,
Washington, D. C. Nov 6, 1894

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting a full military and medical history

(Descriptive list.)

of the soldier.

Please examine all records likely to afford any information as to diseases, wounds, or injuries incurred by him while in the service.

No other report on file.

Claim No. 914565
Name, Joseph Moser
Co. H, 11 Reg't Pa Inf
G. L. Cochran
Commissioner.

Chief of the Record and Pension Office
War Department, Washington, D. C.

Record and Pension Office,
WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.
Joseph Moser
Co. H, 11 Reg't Pa Inf
was enrolled Dec 15, 1861
and March 1, 1865;

He en as a V. N. Jan 1/64,
not borne as Moser.

From En, 1861, to M. O., 1865,
he held the rank of Priv

and during that period the rolls show him present except as follows Dec 31/63 Present
During team for 2nd Div
Hosp. I. A. C. Dec 31/63
absent same remark.

The medical records show him treated as follows
No record found.

RECEIVED
U.S. DEPARTMENT OF THE INTERIOR
OFFICE
1894

BY AUTHORITY OF THE SECRETARY OF WAR:
G. L. Cochran
Colonel, U. S. Army, Chief of Office.
Per N
Washington, D. C., NOV 8 1894
(COMMISSIONER OF PENSIONS.)

Testimony of Employers, Neighbors or Acquaintances of Soldier.

[OTHER THAN NEAR RELATIVES]

State of Pennsylvania, County of Carbon 55:

In the Pension Claim of Joe Hesser

late of Co. K 11th Pa. Inf.
Company and Regiment of Service, if in the Army; or Vessel and Rank, if in the Navy.

ON THIS 24 day of November, A. D. 1894, personally appeared

part of the Peace, in and for the County and State aforesaid, duly authorized to administer oaths, Noah E. Mantz

aged 30 years, a resident of Coaldale in the County of Schuylkill and State of Penna whose Post Office address is

Coaldale Pa and James O Neal

aged 49 years, a resident of Coaldale in the County of Schuylkill and State of Pa whose Post Office address is

Coaldale Pa, well known to me to be reputable and entitled to credit, and who being duly sworn, declare in relation to aforesaid case as follows:

That we have been well acquainted with said soldier, for 20 years, and 30 years, respectively, and that we were familiar with his physical condition during the period from April 26 1894

until June 20 1894 and knew him to be affected as follows: Rheumatism
Date of examination by U. S. Pension Surgeon. Affiants should here state the name or nature of each disability, not due to vicious habits, which claimant then had, no matter whether due to the service or not.
Strain in Back and Shortness of Breath
and on that account was totally disabled for doing any kind of Manual Labor and was almost totally disabled for the last 20 years

That the degree of disability for the performance of manual labor resulting from above causes, in our opinion, was during said time as follows, viz: Total Disability and that said Disability is not do to vicious Habits
Here state the degree of claimant's disability from said causes. If the degree varied during said period, state the different degrees.

Said facts stated are personally known to us by reason of Having been working for him and being round and about him since they know him
Affiants should here state how they obtained knowledge of facts stated.

The above testimony (except formal parts in print) was written by J. F. Werner
State by whom written.

in our Presence and from our oral Statement to him then made on the 24 day of Nov 1894, at or near Lansford Pa
If in "your presence," so state. If from your "oral statements," so state.

and that we were not prompted by any printed or written statement of any other person
If "not prompted by any printed or written statement of any other person" so state; but, if so prompted, state that fact, and attach such other statement to this affidavit.

We further declare that we have no interest in said claim, and are not concerned in its prosecution.

George Zebars
Elmer E. Werner

Noah E. Mantz
James O. Neal

If affiants sign by mark, two persons who can write sign here.

Signature of Affiants



Sworn to and subscribed before me, this 24 day of November, A. D. 1894
I certify that said affiants are credible persons, and that I read the foregoing affidavit to them before swearing,
including the words _____ erased,
and the words _____ added
and that I am not interested in said claim.



[L. S.]

J. F. Wernner
Signature.
Justice of the Peace
Official Character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Original No. 914,565
Certificate No. 1116

PENSION CLAIM OF

Joseph Moser
Co. A, Reg't. 11
Pa Vols.

AFFIDAVIT OF

Existence and Degree of Disability

FROM DATE OF FILING APPLICATION TO DATE EXAMINED.

ACT OF JUNE 27, 1890.



FILED BY
J. W. MORRIS,
LATE PRINCIPAL EXAMINER U. S. PENSION-BUREAU,
ATTORNEY-AT-LAW,
WASHINGTON, D. C.